



NIGHT OWL SUPPORT SYSTEMS, LLC

NOSS Supports Checklist

Date: _____

Name(s) of Guest: _____

CARE COORDINATOR

Name: _____

Phone: _____

Email: _____

LEGALLY RESPONSIBLE PERSON/PRIMARY CONTACT

Name: _____ Phone: _____

Email: _____

Anticipated dates of member's stay: _____

Cell Phone: No
 Yes – Cell number: _____

Evening staff Arming/Activating system: No
 Yes – Time: _____

Morning staff arrival required?: No
(if required, system remains on) Yes – Time: _____

Responder: _____ Cell Phone: _____

Back-up Responder: _____ Cell Phone: _____

Activity Reports: Yes No
 Daily Weekly Monthly

Email(s): _____



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Other important information:

Equipment:

Panel, Smoke Detector, Personal Pagers – (necklace, watchband and/or mounted bathroom pager), Flood Sensor (in bathroom), Thermostat Sensor (ALWAYS IN USE)

Active	Non-Active	Equipment	Tracking Detailed Info – <i>Please provide email address for reports</i>
<input type="checkbox"/>	<input type="checkbox"/>	Exterior Door Sensors	
<input type="checkbox"/>	<input type="checkbox"/>	Window Sensors	
<input type="checkbox"/>	<input type="checkbox"/>	Cabinet Sensors	
<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator Sensor	
<input type="checkbox"/>	<input type="checkbox"/>	Freezer Sensor	
<input type="checkbox"/>	<input type="checkbox"/>	Bed Sensor (please check time setting)	<input type="checkbox"/> 3 mins <input type="checkbox"/> 6 mins <input type="checkbox"/> 15 mins <input type="checkbox"/> 30mins Bed sensor activates only if individual is out of bed for predetermined amount of time
<input type="checkbox"/>	<input type="checkbox"/>	Motion (1):	
<input type="checkbox"/>	<input type="checkbox"/>	Motion (2):	